(Barbara J. Miller)

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

	oke all previous powers of a	ttorney given in th	ne applicati	on identifie	d in th	e attached s	atement under	
37 CFR 3.73 I hereby app								
Description of the Customer Number								
لتنا	OR		23416					
	oner(s) named below (if more tha	ın ten patent practiti	oners are to	be named, th	пел а с	ustomer numb	er must be used):	
L		Registration					Registration	
	Name	Number	Name				Number	
	r agent(s) to represent the undersig	ned before the Unite	i d States Pate	nt and Trader	nark Off	ice (USPTO) in	connection with	
anv and a‼ pate	ent applications assigned only to the	e undersigned accord	ing to the USI	PTO assignme	ent reco	rds or assignme	nt documents	
attached to this	form in accordance with 37 CFR 3	for the application	identified in	the attached	staten	nent under 37	CFR 3.73(b) to:	
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 23416								
X The address associated with Customer Number: 23416								
OR								
Firm or	ual Name					_		
Address								
	- Alle San Control of the Control of						·····	
City		State	-		ip mail			
	Country 1-3-55-1-0-1-0							
Assignee Na	ame and Address:	ESELL SCHAFT	Γ					
BAYER HEALTHCARE AKTIENGESELLSCHAFT D-51368								
Leverkusen, Germany								
A copy of th	is form, together with a stater	nent under 37 CFF	3.73(b) (Fo	orm PTO/SB	/96 or	equivalent) is	required to be	
the practitio	application in which this form if	the appointed pra-	ctitioner is	autnorized	to act o	on behalf of the	ne assignee,	
and must id	entify the application in which	this Power of Att	orney is to	De Tilea.				
	The individual whose signat	SIGNATURE of A sure and title is supplied	Assignee of ed belegt is a	r Kecoro µthorized to ac	t on bel	half of the assig	nee	
		. 1.10 .	// //					
Signature	A Later			J (28, 200		
Name	Dr. F.Burkert		inken-	Lelephone	++4	9-214-3	0-36819	
Title	Secretaries	Ω€	<u>eil</u>		,			
I hereby ce	rtify that this correspondence is be	eing facsimile transm	itted to the P	atent and Tra	demark	Office, facsimi	le no. (571) 273-	
8300, on th	e date shown below.							

Signature:

Dated: